

Government of the District of Columbia  
Department Health  
Health Professional Licensing Administration



**SUPPLEMENTAL FORM  
FOR  
REGISTRATION OF ADDICTION COUNSELORS**

Name of Applicant \_\_\_\_\_

Last

First

Middle Initial

Social Security Number \_\_\_\_\_

Home Address of Applicant \_\_\_\_\_

\_\_\_\_(\_\_\_\_)\_\_\_\_\_

Home Phone

Business Address \_\_\_\_\_

\_\_\_\_(\_\_\_\_)\_\_\_\_\_

Office Phone

Please check what option you are choosing:

\_\_\_ 1. 135 hours of training or education AND one year (1,500 hours) of full-time experience. Please attach documentation of the training/education and experience.

\_\_\_ 2. Holds a current and valid certificate as an addiction counselor from one of the following. Please check the applicable line and attach documentation.

\_\_\_ Another jurisdiction of the United States

\_\_\_ Washington Metropolitan Area Addictions Counselors Credentialing Board or its successor

\_\_\_ D.C. Certification Board/Alcohol and Other Drugs of Abuse or its successor

\_\_\_ National Association of Alcoholism and Drug Abuse Counselors or its successor